

DECLARATION  
and POWER OF ATTORNEY

ORIGINAL  
 CONTINUATION  
 DIVISIONAL

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed as 1 below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: APPARATUS AND METHOD FOR MONITORING MANUFACTURING STATUS, the specification of which is attached hereto unless the following box is checked:

was filed on [FIRST FILING DATE] as United States Application Number or PCT International Application Number [APPL'N NO.] and was amended on [DATE AMENDED].

My residence, post office address and citizenship are as stated below next to my name.

I acknowledge my duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations § 1.56(a). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

POWER OF ATTORNEY: As a named Inventor, I hereby appoint the following attorney(s) and/or Agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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(Please Print)

<input checked="" type="checkbox"/>	Name of Inventor  Tri Minh Nguyen	Residence: CITY  Tustin	STATE or COUNTRY  California
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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 1



DATE